Your Social Security No.

## FOUR-MONTH EXTENSION APPLICATION TO FILE MONTANA INDIVIDUAL INCOME TAX RETURN

MCA 15-30-144

Your First Name & Middle Initial

se's Last Name if Different	Spouse's First Name & Middle Initial  City State		Spouse's Social Security No.			
ing ess				Zip Code+4		
calendar year 1997 (or fiscal y	ear, beginning _	1997	' endi	ng		
SECTION MUST BE COMPLETED						
· · · · · · · · · · · · · · · · · · ·			1.			
f unable to calculate 1997 tax on line 2 enter amount			2.			
			3.			
inter the lesser of line 1 or 3					4.	
997 Montana State income tax withheld			5.			
997 Montana estimated tax payments/1996	overpayment cr	edited to 1997	6.			
997 (2EC) Elderly Homeowner Credit			7.		_	
dd lines 5, 6 and 7, this is the total amount	credited as of 4	/15/98			8.	
					9.	
	I (we) request a four-month of calendar year 1997 (or fiscally THIS IS NOT SECTION MUST BE COMPLETED 00% of 1996's tax liability reported on line 5 from 2S	I (we) request a four-month extension of time calendar year 1997 (or fiscal year, beginning	I (we) request a four-month extension of time to file my (our) National calendar year 1997 (or fiscal year, beginning	I (we) request a four-month extension of time to file my (our) Monta calendar year 1997 (or fiscal year, beginning	I (we) request a four-month extension of time to file my (our) Montana income tax calendar year 1997 (or fiscal year, beginning	I (we) request a four-month extension of time to file my (our) Montana income tax return calendar year 1997 (or fiscal year, beginning

This application must be postmarked on or before April 15, 1998. A four-month extension of time to file a Montana individual income tax return will be granted only if one of the following amounts is paid:

- 1.100% of 1996 tax liability (line 52 of Form 2 or line 32 of Form 2S) less any 1997 credits or payments as shown above.

Last Name

2. 90% of 1997 tax liability (line 53 of Form 2 or line 31 of Form 2S) must be paid by Elderly Homeowner Credit, estimated, or withholding taxes on or before April 15, 1998.

If one of the above requirements is not met, a 10% late payment penalty will be assessed (when your return is filed). The penalty is calculated on the portion of required estimate payment left unpaid when the extension request is submitted. Interest at 9% per annum or 3/4% per month will be assessed on the underpayment.

The Department of Revenue will not acknowledge receipt unless the extension request is denied. If accepted, the return must be filed on or before August 15, 1998.

Completion of this form is required for an extension to be valid. The form must be signed by both taxpayers when applicable or an authorized person acting on behalf of the taxpayer(s).

Use of Form EXT 97 is acceptable for requesting an extension of time for filing Estate and Trust returns.

Fiscal year filers must request extensions on or before the 15th day of the fourth month after the close of the fiscal year.

## TO OBTAIN AN ADDITIONAL TWO-MONTH EXTENSION FROM **AUGUST 15 - OCTOBER 15**

Send a photo copy of the Federal Form 2688 (additional two-month federal extension) you submitted to the Internal Revenue Service. Mark the top of the copy "State Extension". This extension request must be postmarked no later than August 15th.

## Mail this form to:

Income & Misc. Tax Division Montana Department of Revenue PO Box 5805 Helena, Montana 59604-5805